P.03/16

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	AFTER AMENDMENT		S AMEN	DED			
	AFTER AMENDMENT						
	<u> </u>		i NI	NUMBER EXTRA			ADDITIONAL
FOTAL CLAIMS	4	PREV. PAID FOR	R CL	AIMS PRESENT	R/	TE	FEE
	4 -	20 =		0	х	\$18.00	\$0.00
NDEP. CLAIMS	1 -	3 =		0	x	\$84.00	\$0.00
Multiple Dependent	Claims (check if appl	icable)					\$0.00
A duplicate A check in to the Committee Communicate A duplicate A Any ad	rge Deposit Account No copy of this sheet is a the amount of issioner is hereby autition or credit any over copy of this sheet is additional filing fees required application process.	enclosed. to cover the horized to charge payment to Depo enclosed. uired under 37 C.	filing fee payment sit Accou	I.17. March 10, 20 Continue that on first class ma	03 this do	curnent and with to	fee is being deposite the U.S. Postal Service and is addressed to the
ec:			÷	20231.	nture of Po	er on Mailin	g Correspondence Mailing Correspondence

